2814's

DEPARTMENT OF THE NAVY
Office of the Chief of Naval Operations
Washington, DC 20350–2000
and
Headquarters United States Marine Corps
Washington, DC 20380–0001

OPNAVINST 6400.1A
BUMED–21/CMC(MED)
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OPNAV INSTRUCTION 6400.1A

From: Chief of Naval Operations
Commandant of the Marine Corps
To: All Ships and Stations

Subj: CERTIFICATION, TRAINING, AND USE OF INDEPENDENT DUTY HOSPITAL CORPSMEN (IDCs)

Ref: (a) OPNAVINST 6320.3
(b) OPNAVINST 6320.7 (NOTAL)
(c) BUMEDINST 1520.28 (NOTAL)
(d) NAVPERS 15909E, ENLTRANSMAN art. 5.056 (NOTAL)
(e) SECNAVINST 7220.80C
(f) OPNAVINST 1160.6A
(g) MILPERSMAN art. 2620200

Encl: (1) Abbreviations and Definitions
(2) Certification Process
(3) Education and Training Guidelines
(4) Guidelines for the Clinical Use of Independent Duty Hospital Corpsmen in Fixed Medical Treatment Facilities
(5) Sample Appointment, Assignment, and Authorization Letters

1. **Purpose.** To reissue Department of the Navy (DON) policy and assign responsibilities for the certification, training, and use of independent duty hospital corpsmen (IDCs): NEC HM–8402 Submarine Force IDC, NEC HM–8403/5345 Special Amphibious Reconnaissance IDC, NEC HM–8425 Surface Force IDC, NEC HM–8491/532X Special Operations IDC, and NEC HM–8494 Deep Sea Diving IDC. This is a complete revision and must be read in its entirety.

2. **Cancellation and Supersession**

a. OPNAVINST 6400.1.

b. Supersedes the provisions of references (a) and (b) as they pertain to IDCs.

3. **Background.** The IDC Navy enlisted classification codes (NECs) were established to provide support to operational units at sea and in remote or isolated environments. IDCs have become an integral component of the Navy health care team, and perform a unique military medical function. Properly supervised use of the clinical skills of the IDC is a cost-effective way to provide health care at shore based medical treatment facilities (MTF).

4. **Applicability and Scope.** Applies to all active duty and training and administration of Reserves (TAR) IDCs.

5. **Definitions.** See enclosure (1).

6. **Policy**

a. IDCs assigned to fixed MTFs must be assigned primarily to clinical duties to maintain their skills and operational readiness. Whenever the opportunity exists, IDCs assigned to non-MTF facilities in administrative billets should participate in recertification programs at MTFs co-located in the geographic area.

b. There must be an established certification and recertification process under the guidelines provided in enclosure (2).

c. Training must permit the IDC to identify and treat common and uncomplicated conditions. Training must aid the IDC's ability to differentiate common conditions from more serious ones requiring referral.

d. There must be an established education and training program under the guidelines provided in enclosure (3), per reference (c).

e. IDCs must be certified as capable of providing health care, independent of a medical officer, in ships at sea and any other isolated assignments per enclosure (2) and references (d) through (g).

f. Physician supervision is required, per enclosures (2) and (4).

g. IDCs assigned to fixed MTFs must perform within the defined scope of practice, according to the guidelines of enclosure (4).

h. Acute and dire emergencies demand that IDCs provide compassion, reasonable comfort, and care to the utmost of their ability, even though these conditions may well require skills far beyond those expected of an IDC. In this latter circumstance, no IDC, in lieu of a physician, can properly be called upon to answer for an untoward event, provided the care rendered was in keeping with the expected requisite skills of an IDC.

7. Responsibilities

a. Under the Surgeon General of the Navy, the Director, Resources, Plans, and Policy Division (N931):

(1) Serves as the DON focal point for this program.

(2) Monitors and ensures compliance with this instruction.

b. The Medical Officer of the Marine Corps (Headquarters Marine Corps, Code MED):

(1) Serves as the Marine Corps focal point for this program.

(2) Monitors and ensures compliance with this instruction.

(3) Ensures that all officers in charge of medical facilities for field service with the Marine Corps comply with the provisions for supervision and review, duties and responsibilities and periodic inservice education as prescribed in this instruction.

c. The fleet commanders in chief (FLTCINCs) and other superiors in command ensure that all officers in command of units with medical facilities comply with this instruction, and that certification reviews, training, monitoring, and evaluation of the care provided by IDCs is conducted under the provisions of this instruction.

(1) Force medical officers are program directors for their respective subordinate commands.

(2) Senior force corpsmen are the program managers for their respective subordinate commands.

(3) Appropriate group, squadron, and shipboard medical officers must be appointed by letter as physician supervisors of IDCs.

(4) Senior group and squadron corpsmen must assist in the management of the program.

(5) IDCs must be assigned by letter to a physician supervisor. Sample appointment, assignment, and authorization letters are provided in enclosure (5).

d. The Commanding Generals, Marine Forces Atlantic, Marine Forces Pacific, and Marine Reserve Forces ensure that all officers in command of Marine units with organic medical assets comply with this instruction, and that certification reviews, training, monitoring, and evaluation of the care provided by IDCs is conducted under the provisions of this instruction.

(1) Fleet Marine Force (FMF) and Marine Expeditionary Force (MEF) surgeons are appointed by letter as the program directors.

(2) Senior FMF and MEF corpsmen are appointed by letter as the program managers.

(3) Medical officers most immediately in charge of IDCs are appointed by letter as their physician supervisors.

(4) Senior corpsmen, as appropriate, assist in the management of the program.

(5) IDCs are to be assigned by letter to a physician supervisor.

e. The Chief, Bureau of Naval Personnel ensures that all IDCs are certified and recertified and receive formal refresher training before permanent change of station (PCS) duties independent of a medical officer.

f. Chief, Bureau of Medicine and Surgery (BUMED):

(1) Provides technical assistance when requested.

(2) Implements:

(a) A standard formal training course that provides certification to perform the duties of an IDC before initial assignment independent of a medical officer.

(b) A standard formal refresher training course for IDCs reassigned to duty independent of a medical officer.

(c) A training program within fixed MTFs that will provide continuing education and clinical skills sustainment training leading to recertification while serving onboard and before assignment to duty independent of a medical officer.

(d) A standard continuing medical education program adapted to the needs of IDCs assigned to operational forces, or other isolated situations, independent of a medical officer.

(3) Develops, reviews, and issues changes in conjunction with the Fleet CINCs and FMF courses and course materials designed to provide continuing medical education to IDCs assigned to the operational forces, or other isolated situations.

(4) Makes this program a Medical Inspector General review requirement.

g. Commanding officers and officers in charge of fixed MTFs:

(1) Monitor and ensure compliance with this instruction within their facilities.

(2) Develop a program under a physician program director as specified in enclosure (4).

(3) Appoint sufficient physician supervisors to ensure adequate oversight of the IDCs clinical activities.

(4) Provide a structured orientation for physician supervisors which prescribes clearly all administrative and professional supervisory and review responsibilities.

h. The physician supervisor:

(1) Fosters an atmosphere of mutual cooperation, trust, and respect with the IDC.

(2) Provides instruction, supervision, and consultation as requested and required.

(3) Assumes responsibility for the care rendered by the IDC. In the absence of the appointed physician supervisor, a designated physician in that clinical area to which the IDC is assigned must assume the responsibilities of the physician supervisor.

(4) Ensures that the quality of care provided by the IDC is subject to a comprehensive program of monitoring and evaluation for quality and appropriateness.

(5) Reviews and evaluates treatment rendered by each IDC. As a minimum standard, this review must consist of a written report evaluating the adequacy of: (1) diagnostic techniques and procedures, (2) therapeutic practices, and (3) patient treatment documentation based on a specific review of patient records. The reviews must be conducted at least monthly for all IDCs, except for those at geographically remote, inaccessible locations for whom the review must be performed at least every 6 months. The 6-month minimum may be waived for IDCs assigned to deployed forces if compliance would jeopardize the operational mission of the unit or ship. In such instances, the required physician review must be completed at the next available opportunity. Documentation of each review must include the date, comments, and the signature of the physician supervisor, and be filed in the IDCs certification record.

8. Action

a. Commanding officers and officers in charge of fixed MTFs must conduct a recertification program for assigned IDCs as outlined in this instruction.

b. Commanding officers and officers in charge of nonfixed MTFs must ensure that all IDC billets remain filled with certified IDCs per the certification requirements of this instruction. Commanding officers or officers in charge of nonfixed MTFs must ensure the IDCs remain certified per Fleet or FMF instruction.

c. Commanding officers of non-MTF facilities with assigned IDCs should liaison with MTFs

co-located in their area and, whenever practical, arrange for their participation in established recertification programs.

d. Commanding officers or officers in charge must ensure timely and proper review of any serious allegation of improper conduct or substandard medical care by IDCs. The commanding officer or officer in charge may summarily suspend the certification and clinical practice of an IDC. This summary action must be preliminary to further review or any adverse certification or recertification actions by the commanding officer or officer in charge. Review by the medical officers and senior IDCs in the chain of command must be conducted before any formal administrative or disciplinary actions regarding clinical practice. In those cases where no medical officer is assigned, this review must be conducted by cognizant medical officers and senior IDCs. For matters unrelated to clinical practice, the methods prescribed by statute and regulation must be employed.

9. Report. The reporting requirements contained in this instruction are exempt from reports control by SECNAVINST 5214.2B.

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ABBREVIATIONS AND DEFINITIONS

1. Advanced Cardiac Life Support (ACLS).

2. Advanced Trauma Life Support (ATLS).

3. Cardiopulmonary Resuscitation (CPR).

4. Catalog of Navy Training Courses (CANTRAC).

5. Certification and Recertification. An ongoing training process that verifies the IDC possesses requisite clinical skills and knowledge to perform specific medical and dental care.

6. Commander in Chief (CINC).

7. Commandant of the Marine Corps (CMC).

8. Bureau of Medicine and Surgery (BUMED).

9. Continuing Medical Education (CME).

10. Department of Defense (DoD).

11. Department of the Navy (DON).

12. Duties. Those duties related to the screening of care, or management of patients on an individual basis. These duties must be consistent with a composite set of acquired skills and knowledge which defines the IDCs scope of practice.

13. Fleet Marine Force (FMF).

14. Naval Health Sciences Education and Training Command (HSETC).

15. Independent Duty Corpsmen (IDCs). IDCs are hospital corpsmen in paygrades E-5 through E-9, who have successfully completed an advanced Hospital Corps "C" School, or sanctioned equivalent training listed in the Catalog of Navy Training Courses (CANTRAC) which, upon completion, results in identification with an IDC NEC listed below. They are initially certified and continually recertified by virtue of their training to perform clinical duties independent of a medical officer. They may be assigned to fixed MTFs or to units of the operational forces or at isolated and geographically remote duty stations where no medical officer is assigned.

a. Submarine Force IDC (NEC HM 8402). Perform clinical operational, administrative, and logistical duties in independent medical support roles as the Medical Department representative

(MDR) aboard submarines. They may be assigned to fixed MTFs or at isolated and geographically remote duty stations where no medical officer is assigned.

b. Special Amphibious Reconnaissance IDC (NEC HM-8403/5345). Perform clinical, operational, administrative, and logistical duties in independent medical support roles for FMF reconnaissance units, when deployed in isolated or geographically remote areas ashore.

c. Surface Force IDC (NEC HM-8425). Perform clinical, operational, administrative, and logistical duties in independent medical support roles as the MDR aboard surface ships. They may be assigned to fixed MTFs or at isolated and geographically remote duty stations where no medical officer is assigned.

d. Special Operations IDC (NEC HM-8491/532X). Perform clinical, operational, administrative, and logistical duties in independent medical support roles for naval special warfare units, principally Sea-Air-Land (SEAL) teams, when deployed in isolated or geographically remote areas ashore and at sea.

e. Deep Sea Diving IDC (NEC HM-8494). Perform clinical, operational, administrative, and logistical duties in independent medical support roles as the MDR aboard surface ships dedicated to diving operations, or with diving activities and units, when deployed in isolated or geographically remote areas ashore and at sea.

16. IDC Physician Supervisor. A medical officer assigned supervisory responsibility for the IDCs ongoing training for certification and recertification. The physician supervisor is responsible for the health care rendered by the IDC.

17. IDC Program Director. An appropriate medical officer with significant knowledge of the role of the IDC who is responsible to the commanding officer or officer in charge for oversight of the program.

18. IDC Program Manager. An officer or senior enlisted member with significant experience as an IDC who has been appointed by the commanding officer or officer in charge to manage the program.

19. Immediate Superior in Command (ISIC).

20. Medical Department Representative (MDR).

21. Medical Treatment Facilities (MTF).

a. Fixed

(1) Naval hospitals.

(2) Naval medical and dental clinics, regardless of claimancy.

b. Nonfixed

(1) Medical and dental facilities afloat (hospital ships, sick bays, and dental spaces aboard ships).

(2) Medical departments of operational squadrons, groups, and detachments, limited to the care of active duty members.

(3) Organic medical assets of the FMF.

(4) Field medical and dental units in support of construction battalions.

(5) Fleet hospitals.

22. Navy Enlisted Classification Code (NEC).

23. Obstetrics and Gynecology (OB/GYN).

24. Organic Medical Assets (Marine Corps). All Medical Department personnel along with their associated consumable and noncomsumable equipment assigned to a Marine Corps unit, regardless of size.

25. Permanent Change of Station (PCS).

26. Primary Care. An approach to patient care which emphasizes first contact health assessment, health maintenance, and treatment.

27. Sea-Air-Land (SEAL).

28. Subjective, Objective, Assessment, Plan (S.O.A.P).

29. Supervision. The process of reviewing, observing and accepting responsibility for the assigned IDC's clinical performance. The following levels of supervision are pertinent:

a. Indirect. The supervisor is not required to be involved in the decision-making process at the time decisions are made. This supervision is primarily accomplished through retrospective review of records, evaluation of appropriateness of consultation

and referral, and evaluation of events identified through occurrence screens. Retrospective record reviews must assess the adequacy of the history and physical examination; appropriateness of tests and diagnoses; and planned course of treatments, including use of drugs and minor surgical procedures. Review of care also assesses the individual's judgment in restricting his or her independent practice to the authorized scope of practice.

b. Direct. The supervisor is involved in the decision-making process. This may be further subdivided as follows:

(1) Verbal. The supervisor is contacted by direct conversation, phone, radio, or message before implementing or changing a regimen of care, except in the case of dire emergencies.

(2) Physically Present. The supervisor is present through all or a portion of care. In a fixed MTF, direct supervision is reflected by the physician's cosignature of the patients record before the patient's departure from the facility.

30. Temporary Additional Duty (TAD).

31. Training and Administration of Reserves (TAR).

CERTIFICATION PROCESS

1. Certification

a. Initial Certification. Granted upon awarding of an IDC NEC. The IDC is certified to serve in operational and isolated duty stations independent of a medical officer. Upon graduation, the following statement, signed by the commanding officer or officer in charge, must be entered in the enlisted service record, page 13, Administrative Remarks: "Certified to perform duties independent of a medical officer by successful completion of a prescribed IDC Class "C" School, or sanctioned equivalent training listed in the Catalog of Navy Training Courses (CANTRAC) for the NEC."

b. Recertification. Granted upon completion of a physician supervised recertification program. The following entry, signed by the IDC program director, must be entered in the enlisted service record, page 13, Administrative Remarks: "Recertified to perform clinical duties independent of a medical officer."

(1) The requirement to maintain clinical certification is based on the IDC's primary NEC. Certification is not permitted to lapse when an IDC is detailed to a non-IDC billet (Detailed NEC assignment).

(2) Clinical refresher training provided within PCS orders does not relieve the losing command of its responsibility to provide physician supervised recertification before transfer.

c. Failure to Certify. IDCs are required to maintain current certification to retain eligibility for special pays, i.e., Submarine Pay, Selective Reenlistment Bonus, Special Duty Assignment Pay, etc. Failure to maintain IDC certification or requisite component NEC qualifications result in termination and possible pro rata recoupment of special pays. At the commanding officer's discretion, IDCs who demonstrate clinical deficiencies and are not otherwise relieved for cause, are authorized continued special pays, for which eligible, for a period of retraining not to exceed 6 months. Upon completion of the retraining or clinically supervised probation period, the commanding officer must either approve recertification or initiate involuntary removal of the IDC NEC providing supportive documentation. Submit all requests for voluntary and involuntary removal of the IDC NECs to EPMAC, Code 51.

2. Monitoring and Evaluation

a. IDCs Assigned to Duty (Ashore and Afloat) Independent of a Medical Officer. Monitoring and evaluation must be conducted

by a medical officer's periodic review of a representative sample of the IDCs medical record entries, established by the cognizant regional commander or type commander. The 6-month minimum may be waived for deployed forces only if compliance would jeopardize the operational mission. In such instances, required reviews must be completed at the next available opportunity.

b. IDCs Assigned to Duty at MTFs

(1) Immediately upon assignment to a fixed MTF, after completion of an operational tour, the IDC's clinical skills must be assessed by a physician supervisor. The care provided by the IDC must be monitored under direct supervision. The length of the assessment period will be determined by the physician supervisor, based on the IDC's documented performance. Assessment period should not exceed 6 months.

(2) When the physician supervisor is confident that the IDC has demonstrated sufficient clinical competence or equivalent training, a statement must be entered in the IDC's certification and recertification record and a page 13 entry made in the IDC's enlisted service record.

(3) After recertification, IDCs may provide care within their scope of practice. The following categories of supervision will apply:

(a) Active duty, whose chief complaint is within the scope of practice: indirect supervision.

(b) All others: direct supervision.

(4) Evaluation of the IDC under indirect supervision requires a periodic review by the supervising physician. At a minimum, the physician supervisor must:

(a) Perform monthly documented medical record review to assess the IDC's clinical performance and discuss clinical strengths and opportunities to improve care.

(b) Submit quarterly written reports to the IDC program director summarizing the IDC's performance. A copy of the report must be included in the IDC's certification record.

(5) Upon receipt of PCS or temporary duty assignment (TAD) which requires duties independent of a medical officer, the supervising physician must assess the clinical skills of the IDC and recertify clinical competence by another page 13 entry. This may be purely an administrative function if the IDC has maintained clinical competence under indirect supervision.

(6) All care provided by the IDC is under the direct or indirect supervision of a physician supervisor, who is responsible for monitoring and evaluating the IDC's care.

c. Clinical Deficiencies. Identified deficiencies in clinical skills or knowledge must result in documented counseling, and instruction by the supervising physician to correct problem areas. The IDC must be allowed an opportunity to demonstrate a sufficient level of clinical competence following any period of structured guidance. If the IDC subsequently continues to demonstrate significant deficiencies in clinical skills and knowledge, the supervising physician must determine whether to retain the IDC in the clinical program and make such recommendations to the commanding officer.

d. Certification Record. The program manager must maintain a certification record on each IDC. It must consist of, at a minimum, education and training records per enclosure (3), and the cumulative physician supervisor evaluations. Upon PCS, the IDC certification or recertification record must be forwarded to the IDC's next duty station, with a copy retained by the program manager of the transferring command for verification until receipt of the record is acknowledged.

EDUCATION AND TRAINING GUIDELINES

1. Initial Training. BUMED must ensure the development and monitoring of sanctioned Army and Navy formal training courses that will prepare and certify IDCs to perform duties independent of a medical officer. These programs of instruction must include adequate didactic instruction and practical application of skills, combined with clinical rotations or experience. Successful completion of these courses of instruction and the awarding of an NEC at the time of graduation signifies that the member is a certified IDC. The certification must be documented by an appropriate service record entry.

2. Refresher Training. BUMED must ensure the development and monitoring of sanctioned Army and Navy formal refresher training courses to provide instruction to IDCs in receipt of PCS orders to duty independent of a medical officer, or for the sustainment of essential knowledge and skills. Successful completion of these courses is required before reassignment to PCS duty independent of a medical officer, or continued assignment to duties independent of a medical officer, as appropriate.

3. Continuing Medical Education Programs. Each IDC must actively participate in a continuing medical education program, as outlined in reference (c). IDCs must complete a minimum of 12 IDC continuing education credits (CECs) annually unless assigned to an operational unit and compliance would adversely effect the unit's mission. The physician supervisor may also direct that the IDC complete specific continuing education courses to correct identified clinical deficiencies.

4. Skills Sustainment Training. When available at fixed MTFs, IDCs will rotate through appropriate clinics to sustain their skills and experience; attend appropriate departmental teaching conferences and rounds; and participate in internal and external conferences, workshops, and seminars consistent with their duties. The IDC's overall education and training program must include, but is not limited to, meeting the IDC minimal scope of practice and IDC performance skills in enclosure (4). Existing broad base training courses (i.e., ACLS, ATLS, etc.) as well as internal and external educational experiences may be used to help meet requirements, and enhance and broaden the clinical skills of the IDC. IDCs with NEC HM-8403, HM-8491 and HM-8494, because of their unique operational roles and assignment criteria, must use skill sustainment training programs specifically designed for their NEC.

a. Based on IDC physician supervisor assessment, the fixed MTF or cognizant operational medical authority must schedule appropriate clinical rotations, clinical education, and skills sustainment training on a quarterly basis, or when operationally feasible. Completion of these educational experiences must be documented in the IDCs training record. At a minimum, the supervising physician assessment must consider needs in the following subjects:

(1) Emergency medicine.

(2) Military sick call and primary care.

(3) Orthopedics.

(4) Dermatology.

(5) Psychiatry and psychology.

(6) Eyes, ears, nose, and throat (ENT).

(7) Minor surgery.

(8) Optometry and ophthalmology.

(9) Obstetrics and gynecology.

(10) Internal medicine.

(11) Dental.

(12) Laboratory.

(13) Combat casualty care.

(14) Tropical medicine.

(15) Diving medicine.

b. Funding to accommodate effective clinical rotations and continuing medical education must be budgeted by the MTF or cognizant operational type commander.

5. Training Record. The fixed MTF or cognizant operational medical authority must maintain a training record as a part of the certification or recertification record on each IDC that must reflect, at a minimum, the following information: formal schools attended, other courses attended, continuing education, and correspondence courses completed. Attendance at formal schools

and other formal courses of instruction must cite locations, dates of completion and, if applicable, final grades. Continuing education and correspondence course completion dates must be documented, along with the number of credits awarded, if applicable.

a. When assigned to units of the Operating Forces, the IDC training record must be reviewed by the physician supervisor at least quarterly. The program director or program manager must review the IDC training record as a part of regularly scheduled inspections of subordinate commands.

b. When assigned to fixed MTFs, the IDC training record must be reviewed by the physician supervisor at least quarterly. The IDC program manager must maintain custody of the training record and report the status of training to the IDC program director quarterly.

c. Forward the training record to the next command upon PCS of the IDC.

GUIDELINES FOR THE CLINICAL USE OF INDEPENDENT DUTY HOSPITAL CORPSMEN IN FIXED MEDICAL TREATMENT FACILITIES

1. Purpose. To provide guidelines for the use of IDCs assigned to fixed MTFs.

2. Scope. Applies to all IDCs.

3. Use of Independent Duty Corpsmen. IDCs must be assigned to duties consistent with their skills and expertise, as well as the needs of the command and the Navy. Commanding officers must ensure that IDCs blend their time in direct patient care with a variety of administrative duties to allow for career development.

a. IDCs must function under the supervision of a physician.

b. IDCs, under the authority of the physician supervisor, may initially assess or triage patients. They may write orders within their scope of practice.

c. IDCs must wear an identification badge to ensure that the patient is aware of the provider's name and role. It must be clearly visible with the words "Independent Duty Corpsman" imprinted below the name.

d. IDCs must legibly sign the medical record of each patient examined, treated, or referred for treatment, and print or stamp his or her name, rate, title, and social security number beneath the signature.

e. Care by the IDC requires physician review:

(1) During the assessment period before recertification, the physician supervisor must countersign all health records before the departure of the patient.

(2) In the case of a geographically remote location, a representative sample of medical record entries must be reviewed as described earlier, by a physician supervisor.

f. Recertified IDCs must be authorized, in writing by their physician supervisor, to prescribe or provide medications carried on the MTF formulary. Any restrictions or exceptions must be plainly stated in the letter, which must be kept in the IDC's certification record with a copy provided to the pharmacy.

g. Within the established scope of practice, the recertified IDC may provide care for the following categories of patients following the defined level of supervision.

(1) Active duty - indirect.

(2) All others - direct (with the exception of sites remote from a medical officer).

h. The IDC must refer to a physician for formal, written consultation, any patient who presents with the same complaint twice in a single episode of illness. This does not apply either to patients returning for continuing treatment of previously documented, stable, chronic illnesses, or to patients returning as directed for followup evaluation of resolving acute illnesses.

i. IDCs must not give over-the-phone consultation.

4. Supervision and Review

a. Commanding officers and officers in charge must assign each IDC a physician supervisor by letter, with a copy placed in the individual's service record and training file.

b. IDCs must function under the physician supervisor, who will provide, at established intervals, written evaluation of the IDC's performance. These reviews must include a sufficient number of health records to assess the compliance with sound patient management practices and adequacy of medical record documentation.

c. Commanding officers and officers in charge must appoint by letter, physician supervisors, with copy placed in the training and recertification file of each IDC under their cognizance.

d. Commanding officers and officers in charge must appoint by letter, a senior medical officer as the independent duty corpsman program director, to oversee the IDC program.

e. Commanding officers and officers in charge must appoint by letter, an officer with IDC experience or a senior IDC as the independent duty corpsman program manager, to administratively manage the IDC program.

f. If there are questions regarding the proposed assignment of an IDC to duties which may constitute a deviation from policy established herein, the proposal must be described fully and submitted through the chain of command to BUMED for review and approval.

APPENDIX A

IDC SCOPE OF CARE

1. Clinic

a. Visual screening.

b. Tonometry.

c. Basic interpretation of an audiogram.

d. Counseling for adjustment reactions, drug or alcohol abuse.

e. Removal of foreign body by forceps or superficial incision.

f. Incision and drainage of abscess.

g. Suture of minor laceration.

h. Treatment of common musculoskeletal problems.

i. Cast application for simple fracture.

j. Evaluation and treatment of weakness and malaise.

k. Treatment of acute substance intoxications.

l. Local infiltration, topical application procedures.

m. Treatment of uncomplicated minor dermatological conditions.

n. Treatment of uncomplicated allergic conditions.

o. Treatment of uncomplicated gastrointestinal conditions.

p. Treatment of mild uncomplicated hypertension for which the patient has already been evaluated.

q. Treatment of uncomplicated metabolic or endocrine diseases for which the patient has already been evaluated.

r. Treatment of uncomplicated pulmonary diseases for which the patient has already been evaluated.

s. Treatment of uncomplicated otorhinolaryngological conditions.

t. Treatment of uncomplicated urological complaints.

u. Treatment of uncomplicated heat and cold injuries.

v. Treatment of headaches.

w. Treatment of animal and human bites.

x. Treatment of uncomplicated eye trauma.

y. Treatment of common conditions associated with diving.

z. Provide basic family planning counseling.

2. Dentistry

a. Routine oral diagnosis.

b. Treatment of localized oral infections.

c. Splinting of traumatically mobilized teeth.

d. Surgical incision and drainage.

e. Minor repair of prosthetic appliances.

f. Remove decay from a tooth.

g. Apply temporary restoration.

APPENDIX B

INDEPENDENT DUTY HOSPITAL CORPSMEN PERFORMANCE SKILLS

1. The IDC is expected to maintain proficiency in the following areas to function effectively in the absence of a physician. Implicit is the assumption that the IDC has been taught the indications and contraindications associated with the performance of these procedures.

a. Patient Assessment Skills

(1) Complete medical history.

(2) Perform a physical examination.

(3) Take vital signs: temperature, pulse, respiration, and blood pressure.

(4) Provide appropriate diagnosis and treatment plan.

(5) Complete accurate documentation and S.O.A.P. notes.

b. Emergency Medical Procedures

(1) Safely remove a casualty from danger.

(2) Perform airway management or maintenance.

(3) Insert an oral, nasopharyngeal, and endotracheal airways.

(4) Provide assisted ventilation with oxygen via bag valve mask device.

(5) Provide supplementary oxygen therapy via nasal catheter, nasal canula, or mask.

(6) Control hemorrhage via direct pressure, pressure points, pressure dressing, tourniquet, or hemostat.

(7) Position the patient appropriate to the injury (i.e., traumatic, coma, etc.).

(8) Care for the patient in respiratory distress, including sucking chest wound.

(9) Care for the patient with chest pain.

(10) Appropriately relieve pain.

(11) Apply MAST trousers.

(12) Treat chemical and thermal burns.

(13) Demonstrate first aid to poison victims.

(14) Triage a mass casualty scenario.

(15) Care and treat OB/GYN emergencies.

c. Medical Surgical Procedures

(1) Administer local anesthesia.

(2) Suture minor lacerations and remove sutures.

(3) Perform wound irrigations.

(4) Apply sterile dressings and change dressings.

(5) Insert a nasogastric tube.

(6) Perform venipuncture.

(7) Initiate, maintain, discontinue, and document intravenous therapy.

(8) Remove fecal impactions.

(9) Perform urethral catheterization.

(10) Treat injuries to the eye (i.e., corneal abrasions, foreign bodies).

(11) Incise and drain superficial furuncles.

(12) Apply hot and cold therapy.

(13) Administer appropriate medications (i.e. oral, subcutaneous, intramuscular, topical, and intravenous).

(14) Irrigate ear canal.

d. Laboratory Procedures (By hand method)

(1) Perform venipuncture.

(2) Perform dipstick urinalysis.

(3) Perform microscopic urinalysis.

(4) Perform a white blood cell count and differential.

(5) Perform a hematocrit.

(6) Perform a serological test for syphilis.

(7) Perform a gram stain.

(8) Collect culture specimens (urine, feces, etc.).

(9) Perform a malaria smear with staining.

(10) Perform a Wilson-Edison test.

(11) Perform a KOH prep.

(12) Perform a Wright stain.

(13) Perform a mono spot test.

e. Dental Procedures

(1) Perform diagnostic dental oral examination.

(2) Administer dental anesthesia.

(3) Incise and drain a dental abscess.

(4) Remove superficial decay from a tooth.

(5) Place a temporary restoration.

(6) Treat a traumatically fractured tooth.

f. Chemical, Biological, and Radiation Procedures

(1) Apply a chemical decontamination kit.

(2) Administer the autoinjector antidote.

(3) Assess, process, and decontaminate the contaminated wounded patient.

g. Other

(1) Perform basic, cardiopulmonary resuscitation (CPR).

SAMPLE DESIGNATION OF PHYSICIAN SUPERVISOR LETTER

SSIC
Orig. Code
Date

From: (Appointing Authority)
To: (Names of IDC)

Subj: ASSIGNMENT OF INDEPENDENT DUTY CORPSMAN (IDC) PHYSICIAN SUPERVISOR

Ref: (a) OPNAVINST 6400.1A

1. Per reference (a), (name of medical officer), has been designated to serve as your physician supervisor. In the absence of your physician supervisor, a designated medical officer assigned to your clinical area must serve in lieu of your physician supervisor.

2. Your designated physician supervisor has been directed to provide ongoing review of, and assist with, your delivery of health care to patients at this facility. Your supervisor has been specifically directed to meet with you on a periodic basis and to review a sufficient number of the medical records you have completed.

Signature

Copy to:
Service Record
Program Director
Program Manager
Physician Supervisor
IDC Certification or Recertification Record

SAMPLE AUTHORIZATION TO PRESCRIBE MEDICATION

SSIC
Orig. Code
Date

From: (Physician Supervisor)
To: (Name of IDC)

Subj: AUTHORIZATION TO PRESCRIBE MEDICATION

Ref: (a) OPNAVINST 6400.1A
(b) (MTF Formulary)

1. As a result of your recertification per reference (a), you are authorized to prescribe medications contained within reference (b), with restrictions listed below:

Signature

Copy to:
Service Record
Program Director
Program Manager
IDC Certification Record
Pharmacy